PTO/SB/22 (12-04) Approved for use through 7/31/2006. OMB 0651-0031 ademark Office; U.S. DEPARTMENT OF COMMERCE

OILE	Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control nu						
2005 m	PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 09/674,068-Conf. #9269			Docket Number (Optional) 55340 (70840)			
MAR							
MAR (I L ZOUS				Filed	April 6, 2001		
TRADEMAN PROCE	For SPACE-DIVISION MULTIPLEX FULL-DUPLEX LOCAL AREA NETWORK						
	Art Unit	2633		Examiner	C. M. Nguyen		
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):						
			Fee	Small Entity Fee			
	x	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00		
		Two months (37 CFR 1.17(a)(2)	\$450	\$225	\$		
		Three months (37 CFR 1.17(a)(3)) \$1020	\$510	\$		
		Four months (37 CFR 1.17(a)(4)	\$1590	\$795	_\$		
		Five months (37 CFR 1.17(a)(5)	\$2160	\$1080	\$		
	Applicant claims small entity status. See 37 CFR 1.27.						
	A c	A check in the amount of the fee is enclosed.					
	Payment by credit card. Form PTO-2038 is attached.						
	x The	Director has already been author	ized to charge fees in this	application to a Depo	sit Account.		

I am the	applicant/inventor.	·				
	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	attorney or agent of record. Registration Number					
	x attorney or agent under 37 CFR 1.34.					
	Registration number if acting under 37 CFR 1.34	27,840				
	Humal S. Turne	March 4, 2005				
	Signature	Date				
	David A. Tucker	(617) 517-5508				
	Typed or printed name	Telephone Number				
	atures of all the inventors or assignees of record of the entire interest or their repres lature is required, see below.	sentative(s) are required. Submit multiple forms if more				

forms are submitted.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105 I have enclosed a duplicate copy of this sheet.

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